

Modality Decision Tool Nutrition Addendum

Webinar Transcript

Yaritza Rodriguez

Hello everyone and thank you for joining today's webinar on the Modality Decision Tool Nutrition Addendum. My name is Yaritza Rodriguez and I am a communications officer with USAID Advancing Nutrition: the agency's flagship multi-sectoral nutrition project. Before we begin today's webinar, I do want to mention that it is being recorded. Now I will quickly review the zoom webinar environment for today's session.

If at any point during today's webinar you are unable to hear the speakers, please make sure you've connected your audio by selecting the headphones icon at the bottom of your zoom window labeled "join audio". Please send a message to all panelists and attendees to introduce yourselves, send in your questions or ask for help during today's webinar. We have a lot of time during the last half of the webinar for question and answers. So please send your questions for the speakers through the chat box again by sending a message to all panelists and attendees. If you are unable to see the presentation, please try leaving the meeting and joining it again via the link sent to you in your registration confirmation email. And for further assistance, feel free to reach out to me by email at yaritza_rodriguez@jsi.com.

Now, I am happy to introduce today's moderator Jen Burns. Jen Burns is the Senior Technical Advisor for USAID Advancing Nutrition. Jen, over to you.

Jen Burns

Thank you Yaritza. I would like to welcome everyone to today's webinar on the Modality Decision Tool Nutrition Addendum. I am Jen Burns, Senior Technical Advisor on the USAID Advancing Nutrition Project. Also presenting today is Ina Schenberg who is the Director for Nutrition in Humanitarian Contexts and USAID Advancing Nutrition. And from UASAIID's Bureau for Humanitarian Assistance is

Elizabeth Bontrager, Acting Nutrition Team Lead, Maggie Holmesheoran, Nutrition Advisor and John Lamm, Acting Markets Team Lead.

Next.

So, during today's webinar, we will introduce the new Modality Decision Tool Nutrition Addendum and describe the process of developing it. This includes gathering evidence on the impact of cash vouchers and in-kind assistance on nutrition outcomes, and share the experience of implementing partners and using these modalities, many of whom may be on this call. We will also describe how both BHA markets and nutrition staff and implementing partners were consulted throughout in the design of the addendum. Lastly, we would hear how the addendum is linked to the modality decision tool and the four areas within that document. We will provide an opportunity to address questions at the end so please send those in in the chat box. Now, I would like to hand it over to Elizabeth to introduce and share a bit on the background of the nutrition addendum. Over to you Elizabeth.

Elizabeth Bontrager

Thank you Jen. Hello everyone and thanks for joining us today. We the BHA Nutrition Team are very pleased to share this new guidance with you our implementing partners. The development of this nutrition focused addendum to our Modality Decision Tool has really been a multi-year collaborative effort with USAID Advancing Nutrition. In 2019, when we had not yet merged into the Bureau for Humanitarian Assistance, we felt that partners of our Legacy Food for Peace Programming could benefit from additional guidance to strengthen decision making for the use of cash vouchers or in-kind food assistance when targeting the nutritionally vulnerable. Most of you are already aware of and use the Modality Decision Tool or the MDT which Ina and my colleague John Lamm will talk about later. While the MDT has proved invaluable in guiding partners to decide which modalities are appropriate for general food assistance in a particular context, we felt that additional considerations were needed to account for the specific nutritional needs of vulnerable groups within households, such as pregnant and lactating women and children 6 to 23 months.

We also wanted to clarify how our partners could better address the diet through one of our most important tools in the BHA toolbox food assistance. We initially cast a wide net asking USAID Advancing Nutrition to look at new food assistance modalities for nutrition in both emergency and non-emergency settings. And several events supported or influenced the creation of this guidance for nutrition modality

decision making. First, in 2020, just after BHA was established, we released the Interim Emergency Application Guidelines for BHA. Within the nutrition sector of these interim guidelines we developed a new sub-sector called supplemental nutrition assistance which allows partners to address the unique dietary needs of the nutritionally vulnerable. We learned later that the Global Nutrition Cluster also planned to release more guidance related to cash and voucher assistance for nutrition outcomes, and the cluster released this evidence and guidance note to that effect last August in 2020 also. While our new MDT Nutrition Addendum ultimately focuses primarily on emergencies, we trust that it can also be used by our RIFSA partners (Resilience Food Security Activity partners) when designing new programs. Let me now hand it over to Ina who is the Director of Nutrition and Humanitarian Context for USAID Advancing Nutrition, and she will provide more details on how we arrived at this new MDT Nutrition Addendum.

Ina Schenberg

Thanks Elizabeth.

Can we have the next slide?

So, our work on the Nutrition Addendum had two phases: the first phase included extensive preparatory work to explore implementing partner experience with the Modality Decision Tool. It also included a selective review of evidence related to the programming issues that are of particular relevance to cash voucher and in-kind food transfers for nutrition. We then developed a report from this background work and used the insights to prepare a draft set of questions that would comprise the Modality Decision Tool Nutrition Addendum. This work was initiated in the summer of 2019. Interviews continued through the fall and into the winter of 2020. And finally a detailed report and a first draft of the Nutrition Addendum was shared with BHA in September of 2020.

The second phase was focused on refining the draft tool and consisted of consultations with BHA and implementing partners, to review the questions that comprise the tool and to clarify how it would be used. This took place during this fiscal year. So we are going to present now our top findings from the review that inform the tool and our consultation process: so with the BHA and partner consultations, as well as the IP testing exercise.

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Since our task was to identify how to strengthen nutrition considerations in the modality decision making process, we spoke with close to 20 partners and expert groups to understand how implementing partners made decisions on food assistance modalities and whether and how they factor in nutrition considerations. We also reviewed a selection of evidence from a variety of sources to derive insights that would be relevant to development, rapid onset and protracted emergency settings. This provided the context of the development of the addendum and helped us to identify particular areas of concerns or emphasis. We gathered this evidence through a review of IP reports, better practice documentation, as well as academic evidence, relying especially on several meta-analyses as well as following up on some specific studies of interest. A summary report which we will be releasing in the next few weeks will provide a full list of the references consulted, along with some of our summarized findings and discussion. So today, I am just going to provide the very top line findings regarding modality selection: the IP experience, using the tool, our evidence review, and finally discuss some considerations that led up to the development of the nutrition addendum.

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So, with respect to modality selection, implementing partners reported that on the whole modality type was selected in large part due to external influences: donor factors, organizational capacity, and food availability. This was especially true in emergency programs where partners' responses are coordinated with the UN emergency clusters and or different working group members. Meanwhile program considerations play the greatest role in modality activity design. So factors such as conditionality and whether that was being applied was important. What the additional interventions might be such as SBC approaches and these were especially important in protracted emergencies and development contexts.

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Furthermore, for sustained nutritional impact, implementing partners highlighted that complementary feeding, nutrient dense food supplementation including protein, and poverty reduction or recovery activities were really necessary for strong impacts. This was true in protracted emergencies and especially in development contexts.

With respect to food access, IPs reported that while market availability of different types of foods is certainly important, it is foundational, it also appeared that other factors such as security, seasonality, gender considerations and targeting are really a big part of the considerations to determine which food

assistance choices and structures can best influence the access and intra-household food allocation which are both critical to ensure nutrition impacts.

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When it comes to the evidence review, in fact, much of the formal evidence is really very mixed. Many of the results are not sort of academically definitive. However, the most consistent finding across all studies reviewed is that multiple food security and nutrition interventions are essential. This is not really news for practitioners and probably most of you on the call but it is strongly backed up by the evidence reviews. So, programs can support better nutrition outcomes by actively complementing existing food sources and enhancing dietary adequacy and quality. And the latest BHA guidance supports this approach.

And finally, context matters. This is the issue underneath this sort of mixed findings in the evidence review. There is more information in our report about some of the different study findings which compared effectiveness of one or amongst different approaches. However, the results were invariably caveated that the modality choices and the program outcomes were very much reliant on the context and objectives. Interviewees further confirmed that when it came to effectiveness the operational factors and the design can, in fact, be more important at the end of the day than the modality choice all by itself. So, different modalities work in different situations and it is really all about good contextual analysis and then good program design with that.

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I am going to go into just a little bit more detail on these three points which really provided some very helpful background as we considered what might be important to understand as we developed the questions that are posed by the nutrition addendum.

Firstly, really understanding the steps that implementing partners apply when using a nutrition lens. Program designers reported that they typically consider first the nutrient needs of the target group, determine what percentage of individual or household needs should be supported or supplemented, and finally consider the suitability, feasibility and cost of the various modalities. We learned that cost and coverage trade-offs are typically quite significant and they really do affect the degree of nutritional impact on individuals and the overall success of the intervention. IPs said that they had to balance costs and

benefits with the other objectives of their project or their set of interventions or their response as a whole.

The second area is market analysis. Emergency program partners reported that there is generally very little time to gauge markets or they don't have the networks and the capacity to obtain extensive data. So modality decisions are often made based on secondary data which is typically coming from Fews net. We learned that partners have limited opportunity to reflect on the market impacts of various types of transfers and may choose their modality based on whatever they can distribute to the recipients most rapidly. As long as it is in line with UN cluster guidance. In fact, however, pre-market understanding is really critical to designing an appropriate or an effective emergency response.

During multi-year responses, implementing partners of course could be more deliberate and inclusive in their designs, their operational planning, their implementation and in M&E because the time frame is longer and they have more time to manage adaptively and they can pursue more resilient and sustainable outcomes when there is broader buy-in to the local systems and when related actors are involved in programming. Clusters have an important role in determining in-kind cash levels. But implementing partners are actually very well placed to develop a nuanced understanding of the market influences and how they relate to response design, especially over the course of a project period. Particularly if it is multi-year with these long-term emergencies and market factors are constantly changing.

The third area is ... a few points about future considerations. Implementing partners reported primarily focusing on staple and cereal crops in modality decision making. While IPs may be using a variety of market assessment and monitoring guidance and tools, more could actually be done to consider and include nutrient dense foods in modality selection and design. And by nutrient dense I am referring to fruits and vegetables and fortified blended foods and blended foods. It was unclear how and whether partners really use market surveillance to integrate the implications of seasonal supply and demand changes, of cross-border trade, and year-to-year productivity and price changes in the local markets. And this is what I mean when I say things are constantly changing. We found that impacts, opportunities, and options related to fruit and vegetable consumption may in fact be limited or perhaps undocumented, and projects do not necessarily track the market factors that can have these significant impacts on household food access and related behaviors over the course of the interventions. So, the Nutrition Addendum was designed to take some of these insights into account in developing a set of questions that provide some deeper reflection

on these and other factors that we felt warranted closer examination. With that, I will pass it over to Jen to talk about the consultation process.

Jen Burns

Thanks Ina.

Next.

So, in addition to the interviews with the [...] implementing partners as highlighted by Ina, over the past seven months USAID Advancing Nutrition has held a series of consultations. This is with both BHA staff and implementing partners of the food assistance emergency programs. For the BHA consultations, we held workshop oriented discussions on two separate occasions. One in November and a follow-up consultation in December. And this was with both the markets and the nutrition team members. During these discussions, we helped to further shape really the intention and the objective behind this nutrition addendum, to really focus on eating implementing partners to apply that nutrition lens, as I mentioned, in the selection of the appropriate food assistance modalities whether it be cash vouchers or in-kind assistance, within the SNA sub-sector. While treatment of acute malnutrition would be covered in a separate area of the guidelines. We also identified that the addendum is to be used primarily for emergency programming. But it could be, as previously mentioned, used in development programs where a resource transfer is provided. We also highlighted that the addendum is oriented for the design phase and could be used later in the program cycle for adjustments maybe when shifting from one modality to another. We ensured the structure mirrored the content of the MDT and that it should be used alongside that original tool.

Lastly, with coordination with BHA, we plan for engaging implementing partners really in shaping the content of this addendum. We then held a consultation in January with implementing partners of emergency food assistance programs and we really wanted to learn from their experience in using the Modality Decision Tool and how this nutrition addendum could better assist them in considering aspects in order to make their modality selection and the intervention design overall more nutrition sensitive. And we are really grateful to the partners who have participated and were instrumental in sharing several different perspectives on really how would you use this tool in the design phase of your food assistance program. Really thinking through having a greater nutritional impact. Another was really sifting through all those questions and thinking through ... Do these make sense? Do they need to be edited? Is this not

helpful? So they really helped to clarify those. And then really sharing interest and learning from others' examples of what works when using these various modalities. So there is more on that to come.

In addition, a testing exercise was conducted in February with a couple partners who are implementing emergency food assistance programs. And the purpose really was to assess their experience in using this addendum as they reflect on designing past food assistance programs with nutrition objectives. They were very instrumental in sharing input on using those questions in the nutrition addendum when thinking through the design of interventions for food assistance emergency programs, and how the design process might be enhanced when being very intentional about trying to achieve that stronger nutrition impact in their program.

Next.

I thought I would just leave you with a few overall perspectives coming from the implementing partners. They really felt that this additional tool would provide food for thought as they design a more nutrition sensitive program when using cash vouchers or in-kind assistance. They really felt that it would facilitate multi-sectoral collaboration across the food security, livelihood, market, nutrition specialists various departments. It would bring them all together as they understand each other's language and then offer considerations before conducting that market assessment and assess additional supply chain options. Really honing and identifying more nutrient dense foods. So now I would like to hand it over to John to share how to really use the MDT Nutrition Addendum. Thanks John.

John Lamm

All right. Thank you.

First, I just like to make sure everybody is familiar with the base MDT (the model decision tool). So, what we use the MDT for is for narrowing options. It was designed initially for food assistance and then expanded to make sure that the questions were contained and appropriate for many different sectors. It is used across the USA; so both PRM and the Legacy Offices of Food for Peace and [...] were using it, and now of course PHA and PRM are using it. We use this inverted pyramid as a way of showing that we are trying to kind of narrow the range of options to help inform decisions as opposed to having a decision tree that kind of forces you to make binary decisions. So there is a lot of context that is involved in doing so. For this addendum, we are really wanting it to focus on the interventions of the supplementary

nutritional assistance interventions where you are targeting a specific vulnerable population that has unique nutritional needs. We do expect that nutrition considerations should be taken into account into any program that is trying to address the diet of a population. But when you are focusing on overall; like needs of whole households and whole communities, then I think the regular MDT probably works. This one really is specific for populations that have specific deficiencies or specific vulnerabilities. And so I will go ahead and hand over to Maggie at this point.

Yeah, go ahead to the next slide.

Maggie Holmesheoran

Thank you John.

Good morning everyone.

So, now, it is time to get into the details of what we have collaboratively worked to design with Advancing Nutrition and our field partners through consultation. Again, a few important reminders as we go through this: the first one is that USAID is modality neutral. You do not have a specific preference towards any type of modality that you should choose to use in your programming. We believe that context is really important and these tools are really designed to help you do a thinking process and then make a justification based on the unique field needs where you are planning to implement your program. So please keep that in mind. And additionally, just as John said, this is really designed to apply to the SNA sub sector in the new BHA guidelines for emergency applications. Though we also welcome RIFSA applicants in future RIFSA cycles to utilize this tool as well, as a thinking tool. And also we want to make sure that this does not [...] we have designed this so that it does not counteract or ... It is designed to be complementary to the evidence and guidance note from the global nutrition cluster about use of cash and vouchers.

And because of that it does not cover things like transportation to treatment or providing additional top-ups for food security to families with a child in stem treatment for example.

Additionally it is not intended that this would drive partners to try to make any changes to the actual basket as determined by the food security cluster in the emergency environment where you implement. So, keeping those things in mind, we will go through these four areas which we have tailored in the direction of nutrition thinking. First, we would talk about appropriateness, and then feasibility, the objectives of the program and then the cost. So, as you go through this, we would encourage you to sort

of think about the pros and cons of the different modality options: we have in kind, we have commodity vouchers and value vouchers, and then we also have cash transfers, and then of course there is a mixed modality where you could make a justification to use any blend of those four different options.

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First, we will talk about appropriateness. The question here is: is the modality appropriate given the market conditions? And we are first going to look here at the sort of analysis and strategy that you are bringing to the table as you are choosing to use the SNA sub-sector. So, we would encourage you to think through the food and consumption patterns of the population that you're serving.

- What are the nutritional gaps?
- What is missing in the diet?
- Do you have evidence of that and can the market actually support those gaps?
- What would be options within the market to ensure that those gaps are met?
- And additionally, are people, even if we want them to choose certain foods, going to choose those foods? What is driving the decision-making?

We also would consider questions of supply here. So, those foods that we're hoping would fill the nutrient gaps. Are they available in the market and through what kind of vendors? What about pricing. Are these foods that are only available seasonally? What does the price trajectory look like for the market trends of those foods? And then we would also ask you to look at not just the hyper local market of your immediate implementation area but the larger market systems and how the context of implementation may affect those. Very often these days, we are implementing programming in protracted emergencies that have a conflict element and so how does that conflict affect market availability and pricing for the foods that you are hoping to make available to people?

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So, for feasibility, we want to ask if the proposed modality and the delivery mechanism for that have a reasonable chance of success and reduce programmatic risks for the participants, the organization and the local market actors. So, we recognize that there is always a trade-off in terms of visibility depending on the modality that you choose. You may have more control because you see the entire supply chain for an in-kind transfer whereas for cash ... you have less control over what people receive and the nutritional

quality of that because they have more autonomy and they are making their decisions. So, what is the interface of all of those things? How does what you're proposing align with sphere? How does it align with the cluster coordination environment, where you are working or, in the case of a RIFSA, in the coordination with other actors and what they are providing, what the government expects to be provided for nutrition transfers?

Can people actually, if you're choosing a market-based transfer, get to the markets? What are the safety and security considerations? And what about your vendors? Your vendors are a huge important part of your modality decision-making. Their ability and willingness to participate based on the type of transfer you are doing really can have a huge effect on the success or failure of your program. So consider whether you have vendors for those foods and how they would prefer or it would be best and safest for them to make those transfers. And that is an important consideration here when you are looking at feasibility.

Because if you lose your vendors, you lose the whole program. So that is a very essential component of this. You also want to make sure that the mechanism itself that you are using, maybe it is a smart card or maybe it is a paper voucher or what kind of ID requirements are there and how are you going to guarantee the reduction of fraud in the process of your programming.

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So, now we will talk about the objectives. This is really about the programmatic design that you are hoping to use in the application of the SNA sub sector. So, which modality or combination of modalities which would be best suited to increase the nutrition sensitivity of the program? This really gets into ... what is it that the beneficiaries or the program participants are going to want. If you design a program where you are hoping that they are going to purchase a type of food that is not preferred or culturally appropriate, then it is not going to have the nutritional impact that you are hoping that it would have. We also would want to consider here what complimentary activities you need to do to boost the effectiveness of the proposed intervention. What needs to sit alongside that delivery of a transfer?

We would also think about, heavily here, about gender considerations. So, who are the purchasers in the home, who has control over the allocation of household resources? Are there specific needs of vulnerable groups that need to be considered here and how does this program design sit in tandem with the other parts of your programming that you are doing? If you're running this concurrently with a health program

or a food security program, what dynamics should be considered there that would affect the other pieces of your programmatic design.

And we also would want to talk about the indicators that you are going to use here. You consider how you are going to measure your success based on the modality that you are using. Some modalities are easier or more difficult to track depending on what information you want to receive from your program participant population. So that would be an important consideration. And then, additionally, we have seen, from what Ina and Jen covered, that often people are singular in the modality that they choose. They choose a specific single modality and that is what they use. But mixed modalities is also an option that could have more effect in terms of the nutrition sensitivity of the programming. So, here, we would like you to ask questions about maybe mixing or multiple modalities and how that might affect and improve the impact of your programming.

Okay and the final slide here.

We are going to look here of course at costing. This is the final category that we ask you to look at and I would caveat this to say that the cheapest cost is not necessarily always the most effective.

So, the questions that we have put here are designed to sort of help you make a justification based on what you want to see in terms of impact and what the cost of the modality transfer is going to be. So, you would also need to think about how long your program is going to be? What the eligibility requirements are and if the cost savings that you get somewhere else in the program can be transferred here to improve the effectiveness? What are all the trade-offs? And so you also should consider things like improving agency of the people who are involved. Maybe it is better to make a transfer where the caregiver has a greater degree of choice even if you can not necessarily monitor as much. What is going to happen there and it might be a little bit more expensive to use that. You know, a mobile money transfer instead of a voucher transfer in that way but maybe you deem it to be more effective in terms of your programmatic design and the hoped for impact.

You would also need to think about speed here. How quickly can you get this into the field depending on the urgency of the situation and also we would consider here the longer term market impacts. Because, essentially, these programs are pumping money into a market in one way or another. So, how does that

dovetail with livelihoods considerations and food security considerations for strengthening and holding markets in place, as these populations are in the middle of a crisis?

So, these are some of the considerations we would like you to think about looking at cost and then based on that make a justification for how you have decided the modality that you are proposing in your application. And I am sure we will have lots of conversations about them along the way. So now, I will hand it back over to Jen to do some question and answer.

Jen Burns

Thanks Maggie.

We hope that you were able to digest that. That was a lot of information in a short amount of time. There are a few questions that came in and feel free to continue sending them. One of the first ones is related to the covid pandemic. And if there were any different approaches that maybe were employed because of having to adjust programmatically. I think I would pass this over to John to see if you would like to start and then maybe we will see if other BHA colleagues would like to jump in.

John Lamm

Sorry, could you repeat the question real quick.

Jen Burns

Sure. This is regarding the last year. So, during the pandemic, when thinking through food assistance programming that is very targeted, if maybe there were any different approaches that you heard implementing partners use with regard to considering modalities, any thoughts on how it is related to the pandemic.

John Lamm

Okay. Yeah. I can start and then see if others want to add.

I think one of the big things that we have taken into consideration is the issues around large groups congregating. So that has somewhat affected how we do any type of like physical in-kind distributions. Often either staggering distribution so that fewer people have to be there at the same place at the same

time or looking at alternative methods that can avoid having those large groups of people. When it comes to like this type of very targeted approach, maybe my colleagues would be able to add more.

Jen Burns

Thanks John.

We will have Mike Manske who really is today behind the scenes but he should be front and center as he was very instrumental in helping to develop this. Mike would you like to comment from the nutrition perspective.

Mike Manske

Yes. Thank you Jen. I think it is an excellent question. I did want to jump in and say one thing that may have been mentioned earlier is, you know, the BHA guidelines are so new. Especially the SNA sub sector which we have mentioned a few times today that we really don't have a lot of experience per se in utilizing the new sub sector. But we are interested in hearing how any adaptations are being made. I think there are many adaptations of course in the treatment of acute malnutrition as well as the infant and young child feeding in emergencies which we are now calling maternal infants and young child nutrition in emergencies. But it is an excellent question but since this is so new it is difficult to answer.

Jen Burns

Thanks Mike. Okay great.

So, moving on, we have a question asking about what are some major risks in cash and voucher assistance for nutrition projects and how maybe to mitigate these. So I think maybe Maggie if you would like to take a chance at this one.

Maggie Holmesheoran

Sure.

So, first of all, I think there are a few things to consider here. First of all, we would talk about how this designed intervention maps with the other resources that are allocated in the home. One major risk is

the risk of leakage for the intended recipient of the benefit does not receive it because - we are talking about food here - and there is more than just small children or pregnant women living in the house. And so, how does that resource allocation happen? And I think what we see very often is that there is a food-based intervention with a nutrition purpose that does not have the accompanying complementary activities and that decreases the effectiveness because you are not drawing the decision makers into a conversation about how to ensure that those benefits reach the intended recipient. And so that is why with the SNA sub sector we request applicants to also include maternal, infant and young child nutrition for emergencies activities. Often some type of messaging to complement the transfers to ensure that some of those risks are mitigated there. Then, the other thing is that depending on the modality that you choose, you have a variability in terms of tracking what people actually do with the transfer. And so, whereas a straight-up cash transfer is very very flexible and it provides a lot of autonomy, you do not necessarily see once you make that transfer what it actually gets spent on and we know self-reported data is the least quality data. So it depends on how closely you really want to track that and be able to say “yes our program did this in terms of nutritional effectiveness”. So you may want to be able to see that more. I have implemented a program before with vouchers where we could see what people actually purchased when they went to the shop and that was very helpful for us understanding behavioral decision making sort of patterns in the population we were serving. So, you know, there is trade-offs there.

And the final thing I was going to say is that because we are hoping often to target purchase of perishable foods, animal source foods or fresh fruits and vegetables with these types of transfers, there is some design considerations that do not often come in when you are designing a food basket that is like staple foods. So we had a partner this past year who worked in Nigeria. I am sure some of you guys are maybe on the call. Hi Mercy Corps in Nigeria. They had a fellow who did some research for them and showed that it was more effective to do a nutrition transfer when it was more frequent because often the food security transfers were just monthly. But with fresh fruits and vegetables and animal source foods, you wanted people to be able to buy them like every week. And so they had to sort of rework their voucher open windows and the market days, and those kinds of things, to sort of accommodate for that and they were in the process of doing that .I thought that was a very interesting observation and something that we do not necessarily think about when we are talking about staple foods, but it is very important when you are doing a nutrition targeted program. Over.

Jen Burns

Great! And I think maybe John, you might have something to add to this question as well?

John Lamm

Yeah.

This is both related to cash and also a little bit to the previous question. So, because often, cash distribution does not necessarily require people to show up in the same place as often, and that can be an issue if you are trying to have targeted messaging. I think one adaptation that sometimes has been used has been to do like remote texts or some other form of delivery of some of the messaging so that you can get to people even if you are not seeing them on as a regular basis as if you were doing a regular in-kind distribution. So I just wanted to add that as well.

Jen Burns

Thanks John.

Okay, great!

So the next question is around can cash or vouchers along with in-kind assistance be used to treat acute malnutrition? I think maybe Elizabeth would you like to start with this one.

Elizabeth Bontrager

Sure. Thanks Jen.

It is a good question and I think it is a good opportunity to note also that this guidance is not intended for consideration with the treatment of acute malnutrition. I would also ... We at BHA do not support cash or vouchers for treatment. If you refer to our sub sector on management of acute malnutrition in the emergency guidelines, it is stated pretty clearly there, but it does indicate that in some cases we may consider vouchers for transport or referral services when that is necessary, and the partner can justify this. But in general, no. We would not be supporting cash or voucher for treatment services. And I would also refer, as we noted earlier, the global nutrition cluster evidence, the guidance note on cash and vouchers as well is a useful resource.

Jen Burns

Thanks Elizabeth.

Maggie or anybody else want to add to that one.

Maggie Holmesheoran

No, nothing from me.

Jen Burns

Okay. Great!

So a question from Temba says “it is a good one”. He believes that this tool has been around for some time maybe and so what is new about it. And so why don't we pass this one to Mike. Would you like to jump in and take this one?

Mike Manske

Yeah. Thank you Temba.

You are right. The Modality Decision Tool has been around for several years and I think that, that was a slide that Maggie or John had presented. But what we are talking about today is a new document. It is an addendum to the Modality Decision Tool. Now, maybe we should have made it clearer earlier on in this presentation but it is a separate document that was actually sent to all participants just recently. So, maybe, if you have not seen the new Addendum, as we are calling it, it has been made available to you. I think there was also a link posted and we will be making it available on the BHA Guidelines website. Now when Maggie talked through the new Modality Decision Tool Addendum, there are new questions specific to nutrition considerations in the addendum itself. I hope that answers your question Temba and I welcome if you have any follow-up questions or others. But you are right, the Modality Decision Tool itself is not new. The Addendum, we are hoping, is going to get people thinking in a new way relative to kind of nutrition considerations. Over.

Jen Burns

Thanks Mike.

And maybe a related question for you John. Would you like to speak to maybe how this Addendum can be used in application to the nutritional quality of general food assistance interventions?

John Lamm

Sure yeah.

I think we are not expecting you to use this particular Modality Decision Tool Addendum when applying for general food assistance. But that said, you may see questions in here that would have relevance there as well. And I think it is perfectly fine if you want to take that into account. We just want to emphasize that there is not going to be an expectation in our applications that you will be using this addendum for the for the general food assistance sector programming. So, some of it is going to be very related. We tried to make sure that these questions were appropriate here but I think the nature of the MDT is that each sector is going to have different sets of questions that are appropriate. And so you may have some overlap. But you do not have to. It is not going to be expected that you provide answers to all of these questions when you are doing food assistance as opposed to the supplementary nutritional assistance. Thanks.

Jen Burns

Thanks John.

Maybe a question for Maggie. Is it expected that implementing partners need to address all the questions that you eloquently described earlier in their proposals?

Maggie Holmesheoran

No, not necessarily.

I think that what we are looking for in the proposals - like this is a document that is intended to guide you through a thinking process, and what we hope is that you will just demonstrate that for each of those categories you have put thought into. What you are proposing. And that will really help you to make a justification to us with clear information about why you are proposing a modality mix or a specific modality.

So, you do not have to answer all of them. We do not expect it to be like listed out in the proposal but just to see a general overview of those categories and how you have thought about each of them. Over.

Jen Burns

Great! Thanks Maggie.

And a question to you Ina. If partners are interested in getting a copy of the external report that you mentioned. Where could they find that, and as well as the nutrition addendum?

Ina Schonberg

Thanks Jen.

We will be putting those on our website. The Addendum will be available later today, maybe even before the end of the webinar, and the external report will be available in the next couple of weeks I think. And that will be on our resources page. When they are put up, we will also send some follow-up emails to share those links around. Thanks

Jen Burns

Thanks Ina.

And John, this question I think is appropriate for you. Are there other resources that maybe could help implementing partners with more sensitive market nutrition sensitive market analyses or costing approaches?

John Lamm

There are.

One thing that comes to mind that I might actually defer to some of my nutrition colleagues on is this facet tool that has been developed for looking at different nutritional products. That is not necessarily

strictly the supplement nutritional assistance but it is a way of looking at evaluating what your options are, and costing out. In terms of market analysis, there are a number of different tools that are available to do rapid market assessment. Most of them are not nutrition specific but would be applicable in this context. So things like the reprocessing markers, the ram tool, Emma. It depends a little bit on how much time you have in designing your tool as to which one is most appropriate but there are lots of tools out there and probably many of you are familiar with these.

Jen Burns

Great! Elizabeth ... Maggie ... Mike, do you want to add anything to that ... in terms of additional tools?

Maggie Holmesheoran

I can just add that the facet tool is particularly helpful if you do decide to do an in-kind transfer or really for like local fortified blended food or LMS type solutions to cost those out. What the costing looks like and the effectiveness in terms of the prevention outcomes. Because with this sub sector again, we are not doing treatment. So, the facet tool can be helpful to make those decisions more concrete if you are saying “oh, should we import super serial plus for a prevention program versus doing a voucher program”. It could help you to cost out the super serial plus portion of that and see how it would compare to the voucher transfers.

Jen Burns

Great, wonderful!

So, there may be questions related to the tool question in the future where can implementing partners share information or ask questions about applying this nutrition addendum in the program context. And I would just remind people, if you are not aware, we do have a new technical assistance request line essentially that requests for assistance can be made and appropriate technical advisors can work with you, offer suggestions for tools, help you think through your programming and making adaptations as necessary. And that those who will respond to you will be in collaboration between BHA and USAID Advancing Nutrition. I would have my colleagues put in the chat box the link to that but requests for assistance are welcome at any time. And maybe this also could be a question out to the audience; if there is interest in an opportunity for exchanges to happen between implementing partners on successful strategies used in

your programming with regard to using these targeted food assistance modalities. There are opportunities to reach out to BHA and USAID Advancing Nutrition to host half-day workshops or virtual workshops at the moment. So, if that is of interest, we welcome hearing from you. If you would like to speak up feel free or type in the chat box. We certainly can offer assistance the remainder of this fiscal year and into the next fiscal year. It is also a possibility. But we welcome hearing from those attending today's webinar if that would be of interest.

Let us see if there are any further questions from people. Any comments?

We may be granting everyone some free time and wrapping up early today. We wanted to make sure we had enough time for questions but also not overdo it.

Okay we have a couple more questions coming in so one of the questions came in about expand on mixed modalities and the benefits compared to considering just a single modality method. I think, Maggie, maybe this will be appropriate for you.

Maggie Holmesheoran

I can answer that.

Sorry, there is a little noise in the background here in my house. Lots of people working in the same place. So, I think that we do not really ... we have not seen this a lot yet. But as we had conversations with partners and have done our own observations of the field situations where our funding from BHA is often utilized, it does seem like there could be more exercise of those types of blended modalities. So, for example, it may be more cost effective for the bulk of the food basket to be delivered in-kind. But then there are small vendors in the Market that need business and if there is a way to do a vouchering or a cash program where families with unique nutritional vulnerabilities are able to access fresh foods through those then that would be a great complimentary activity to do. We do not have a lot of evidence yet in terms of our programming that we have rolled up of what that looks like but we are hoping to be able to see that as we have built in this new sub sector and are able to track more carefully when transfers are actually being used for nutrition purposes. So, we are looking forward to seeing what you all do in the coming months and years.

Jen Burns

Great! Thanks Maggie.

And I think this next question will pass over to Ina. Based on the evidence that was gathered in lessons learned on cash transfers, and if you could state if there was anything shared by the implementing partners on how they are not as traceable and how they are tracked and how they are spent versus food basket in terms of changes in either nutrition indicators or sustainability with regard to the changes.

Ina Schonberg

Thanks Jen.

Actually, I do not remember traceability really coming up as an issue in the evidence. So, I can't say that we focused on that very narrow question. I think it might be an interesting topic to share experience across implementing partners, but maybe what I can do is just go back to the prior question a little bit about ... let's see what can I say ... about mixed modalities because we did look at some of the studies that discussed that topic. I guess, in summary, the first thing that I said when I talked about the evidence review is that there is mixed evidence but there it really depends on the context. So, for example, in specific contexts, mixed transfers can be more effective. There was a 2018 World Bank study in El Salvador that illustrated the benefits of mixing cash with other interventions. And in that study comparing cash and vouchers combined with cash alone, the mix transfer did more to lift vulnerable households to the same food security level as the better off households. Whereas the cash only group did not achieve the same outcome. The people reviewing that program thought that this was because of trade-offs and spending between foods and other immediate needs, but the cash only group saw sort of more sustained benefits. There was another report on mixed modalities that summarized the evidence from several case studies and it was interesting that they found that the primary barrier to using mixed modalities was the organization's commitment to specialize in a given area. There are some NGOs that kind of tend towards one approach while other NGOs maybe are more comfortable with a different approach. They kind of tend to program with their go-to expertise level. They are kind of geared up: they have their assessment methodologies and they feel one or another is more effective for the way that they typically work. And so it was an interesting observation that operational teams really need a diverse skill set to be able to shift between cash vouchers and even in-kind programming and that different studies - and again we don't go into all the detail of the analysis in the report that we have put together but if you go into the pretty

extensive annex we do list everything that we looked at. The specific examples are really quite interesting because they speak to what is worked in different kinds of contexts.

Maybe I will pause there. It is a really interesting and a deep topic. There are some studies that speak to it and it would be great to have a deeper conversation. Back to you Jen.

Jen Burns

Okay, thanks Ina.

So again a lot of interest in the resources that are available which is great to see. I think the next question might be for you John and it is a bit of a recap and really how do you see this modality tool being used to inform other program components; like thinking through the market system development. Do you want to take that one and then we can also pass it to the nutrition colleagues as needed.

John Lamm

Sure.

I think there is kind of two parts to that. One of them is how do we see the modality decision tool being applied to market system development and then kind of the nutrition supplement as well because I would like to distinguish that you know there is not exactly a Nutrition Modality Tool. There is the overall one and then there is this addendum. You can apply just the regular Modality Decision Tool to market to thinking through what you would do as a market systems intervention and that is perfectly fine. It is kind of set up to be very flexible for sectors.

If you are looking at it specifically for these supplementary nutrition programs and thinking about how that factors into market systems, I think you can do that too when you're looking at what the objectives of your program are. So looking through the list you know that you look at what is available in terms of market availability or our market systems currently existing, you look at feasibility, you look at objectives. And if one of the objectives here for a sustainability of the program is to make sure that the types of foods that people need to access are readily available. Consistently, you might build that into what types of modality decisions you are making, like whether you are providing products that are specialized: that have

to be imported, versus trying to look at how you can source locally and in that way be able to ensure that people have it more consistently available. This might lead you to say “well, in addition to this specific targeted nutritional program we also need to have something that is the system strength thing”. That might even be in a different sector. And that is also perfectly fine. That might be a logical ... additional branch, I guess, that would come out of this. It is not only do we need supplementary nutrition assistance but we also need something that can help build this market over time. Because we are finding that the options that will enable us to have sustainable access to nutritional foods are limited here.

I guess I will check with my nutrition colleagues to see if they have anything to add on that.

Maggie Holmesheoran

I would build on that and say that, a lot of times, when we talk about complementary services, our mind automatically goes to the demand piece of making sure that beneficiaries actually want to eat the foods that we are hoping that they will eat and that they change their habits and their spending according to those new habits that they are building. But I also think it is really important and this is highlighted in that first and second question within this addendum. It is to look at the supply side and to think about, as John is saying, long-term sustainable solutions for those preferred foods that are nutritiously dense and filling nutrient gaps in the diet, to be available and affordable for people. So what does that look like say for example there is a livelihood component within the larger program that your organization is running? Could you leverage that for production of these preferred nutritiously dense foods? How does the modality that you choose make a difference to those potential new or smaller vendors? Would they prefer a farmer's market type of setup where they can just receive cash? Is it better for them to receive a reimbursement for vouchering because that's a pathway to financial inclusion for them as they are building their business and as you are trying to rehabilitate their livelihoods? What kind of options are there that have a ripple effect? How can you sort of leverage the investment here to make markets stronger, not just on the demand side but on the supply side as well? Over.

Jen Burns

Great! Thanks Maggie.

And just a reminder. If anybody would like to unmute their mics and ask a question, feel free. And it looks like Mike is the first one. Go ahead Mike.

Mike Manske

Thank you Jen. I just wanted to test out the raising hand function. No, actually, I did want to add something to what Maggie just said. I think one of the interesting aspects of this work and the process that we followed with Advancing Nutrition has been that ... two years ago or so, BHA was not yet stood up so we were initially really looking at a lot of the Legacy Food for Peace Programming especially the EFSP activities that many of you are familiar with. And so I think the terminology of complementary programming was very strong in the Legacy Food for Peace Programming. But in the new BHA Guidelines, if you look at the nutrition sector, we really emphasize integrated programming with other sectors such as Wash and Health especially for treatments or management of acute malnutrition programming. But I will mention that, and this came up in the review that Advancing Nutrition performed for us, this aspect of the need for more social and behavior change or messaging type of activities to accompany the food assistance for nutritionally vulnerable populations. In the nutrition sector, within the BHA Guidelines, we require that partners include what we are calling the MIYCN and emergencies or MIYCN and emergencies sub-sector. So, this used to fall under that complementary programming area or category but in the new guidelines it is now a requirement. Over.

Jen Burns

Thanks Mike.

Well, I think we have come to the end of the questions put in the chat box so far. Just wanted to see if anybody would like to unmute and share any final thoughts or questions before we close for today. We certainly welcome questions in the future. They can be submitted via the link that Yaritza put in the box earlier. Yaritza, if you do not mind reinserting it that way colleagues know that they have an opportunity to follow up with questions later. Especially after reviewing the resource, the evidence brief, as well as the actual nutrition addendum itself.

And so if none then I think I will go ahead and we go to the next slide Yaritza. Go ahead and pass it to Elizabeth to close up. Thank you very much.

Elizabeth Bontrager

Thanks again Jen.

So as we wrap up today, I wanted to take a last moment to emphasize a few key points from the presentation that we just saw. First, we wanted to reiterate that it has been a priority for our team to develop better guidance for partners on the use of food assistance, in particular cash and vouchers, in programs targeting the nutritionally vulnerable. It is something that we have grappled with as a team and we were only able to develop this Addendum through the input that we received from our implementing partners. So, thank you all for that.

Secondly, given that our emergency guidelines for BHA are currently in an interim state, we trust that your continued feedback will be crucial to refining future versions. And we want to maintain dialogue with all of you on this topic and more broadly on emergency nutrition programming. I also want to thank our USAID Advancing Nutrition colleagues for their work and supporting us to develop, and then more recently to finalize this Addendum. The document itself will be available on the BHA Guidelines website as was mentioned earlier and you should have the link or someone will put the link in the box now for the webpage where you'll find this eventually. Under 'Our guidelines'.

And finally, as Jen mentioned, we wanted to share here on the screen where you can get in touch with us with questions or feedback. There you have the team email address for the BHA nutrition team as well as the Advancing Nutrition address. Please feel free to use either. We really do welcome your feedback and your continued input. So, thank you all once again for your thoughtful questions and your participation today. We really look forward to hearing from you.



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